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MILWAUKEE COUNTY EMS MEDICAL PROTOCOL TRAUMA

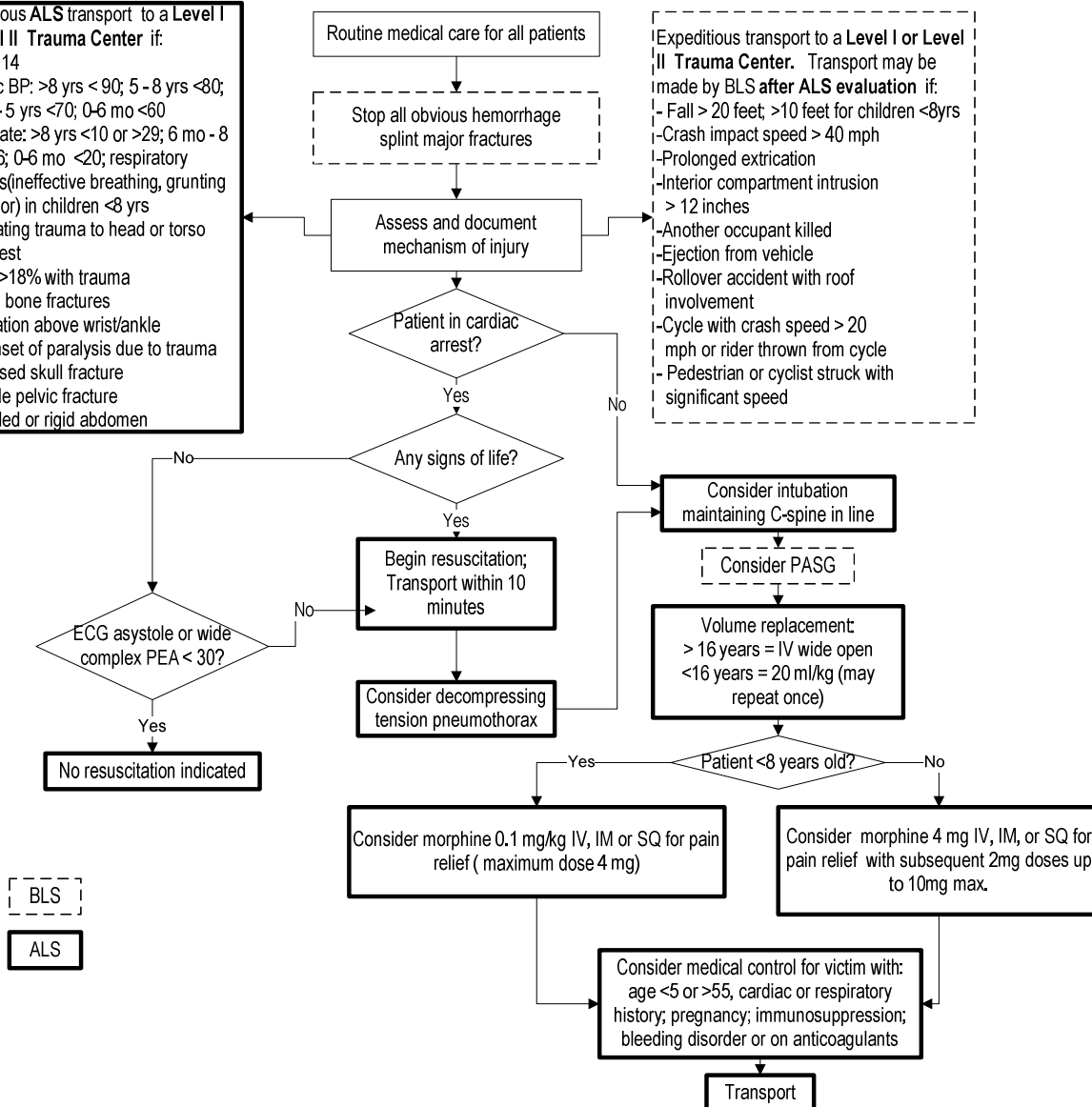
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Expeditious ALS transport to a Level I or Level II Trauma Center if:

- GCS < 14
- Systolic BP: >8 yrs <90; 5 - 8 yrs <80; 6 mo - 5 yrs <70; 0-6 mo <60
- Resp. rate: >8 yrs <10 or >29; 6 mo - 8 yrs <16; 0-6 mo <20; respiratory distress (ineffective breathing, grunting or stridor) in children <8 yrs
- Penetrating trauma to head or torso
- Flail chest
- Burns >18% with trauma
- 2+ long bone fractures
- Amputation above wrist/ankle
- New onset of paralysis due to trauma
- Depressed skull fracture
- Unstable pelvic fracture
- Distended or rigid abdomen

Expeditious transport to a Level I or Level II Trauma Center. Transport may be made by BLS after ALS evaluation if:

- Fall > 20 feet; >10 feet for children <8yrs
- Crash impact speed > 40 mph
- Prolonged extrication
- Interior compartment intrusion > 12 inches
- Another occupant killed
- Ejection from vehicle
- Rollover accident with roof involvement
- Cycle with crash speed > 20 mph or rider thrown from cycle
- Pedestrian or cyclist struck with significant speed



NOTES:

- In all patients with trauma-related cardiac arrest, establish the probable cause of the arrest.
- Resuscitation must be initiated on all patients with narrow (<0.12 sec) QRS complexes regardless of the rate. Patients in ventricular fibrillation or ventricular tachycardia should be defibrillated once at M 200 joules or B 120 joules prior to transport.
- If resuscitation is not attempted based on the PFR or MED unit's interpretation of the ECG rhythm, the PFR or ALS team must complete the appropriate portion of the record.
- Apply and inflate pneumatic antishock garment (PASG) for patients with suspected pelvic fracture; suspected ruptured AAA.
- Notify the base of the circumstances of the transport, ETA, and include adequate information to facilitate Trauma Team activation.
- Only reason to consider transport to the closest receiving hospital other than a trauma center is for the inability to ventilate the patient.